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Bib Data Sheet

CONFIRMATION NO. 4654

|                                    |   |                     |                               |  |
|------------------------------------|---|---------------------|-------------------------------|--|
| <b>SERIAL NUMBER</b><br>10/665,719 | <b>FILING OR 371(c) DATE</b><br>09/22/2003<br><b>RULE</b> | <b>CLASS</b><br>429 | <b>GROUP ART UNIT</b><br>1745 | <b>ATTORNEY DOCKET NO.</b><br>024948-00049 |
|------------------------------------|---|---------------------|-------------------------------|--|

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**\*\* CONTINUING DATA \*\*\*\*\***  
 This application is a CIP of 10/329,776 12/27/2002 which claims benefit of 60/411,352 09/18/2002 and claims benefit of 60/411,353 09/18/2002 and claims benefit of 60/411,359 09/18/2002 *Dmy*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*** *Dmy*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**  
 \*\* 12/11/2003

|  |   |                               |                             |                            |                                |
|--|---|-------------------------------|-----------------------------|----------------------------|--------------------------------|
| Foreign Priority claimed<br>35 USC 119 (a-d) conditions met<br>Verified and Acknowledged | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>Examiner's Signature <i>Dmy</i> Initials | <b>STATE OR COUNTRY</b><br>PA | <b>SHEETS DRAWING</b><br>39 | <b>TOTAL CLAIMS</b><br>216 | <b>INDEPENDENT CLAIMS</b><br>4 |
|--|---|-------------------------------|-----------------------------|----------------------------|--------------------------------|

**ADDRESS**  
23973

**TITLE**  
Orientation independent liquid fuel reservoir

|                                    |   |  |
|------------------------------------|---|--|
| <b>FILING FEE RECEIVED</b><br>4764 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees                              |
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